

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00495028	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mercury LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016		
Mailing Address 250 Greenwich St FI 36			Amount 250000.00		
City New York	State NY	Zip Code 10007-0040	Transaction ID : VN7GDA57YE7		
Purpose of Expenditure Television Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Martins, Jack, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 03 State: NY
Calendar Year-To-Date Per Election for Office Sought		267115.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Shorr Johnson Magnus			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016		
Mailing Address 100 N 20th St Ste 201			Amount 15000.00		
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VN7GDA5B0H8		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Bergman, John, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 01 State: MI
Calendar Year-To-Date Per Election for Office Sought		322085.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	265000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lapp, Alexandria, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2016

Signature

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Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 433437.50	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA5FT69
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Comstock, Barbara, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	433437.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	698437.50

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Lapp, Alexandria, , ,

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